



Associateship for Consumer Health Protection
Bureau of Environmental Health
General Sanitation Division
1100 West 49th Street
Austin, Texas 78756
512-834-6635 or 512-834-6707 (Fax)

Budget ZZ111
Fund 121

APPLICATION FOR NONCOMMERCIAL CERTIFIED PESTICIDE APPLICATOR LICENSE IN THE HEALTH-RELATED PEST CONTROL CATEGORIES

(Please print or type)

1. Name _____ Social Security Number ____ - ____ - ____

2. Employer Information:

Name _____

Address _____ COUNTY _____

(Street)

(City)

(Zip Code)

Phone (____) _____ FAX (____) _____ E-MAIL _____

3. Address where pesticide records are kept: _____

4. Are you a U.S. citizen? Yes ____ No ____ If No, which country are you a citizen: _____

5. Have you ever had a pesticide applicator license suspended, revoked, or refused in Texas or another state?
Yes ____ No ____ If yes, please explain on a separate page.

6. Have you ever been convicted of a felony in Texas or another state? Yes ____ No ____ If yes, please explain
on a separate page.

PLEASE READ CAREFULLY

A. To become licensed as a governmentally employed noncommercial certified pesticide applicator in health-related pest control you must submit a complete application, pay all applicable fees, and successfully pass the general exam plus one or both of the categorical exams. The following will assist you to calculate the total amount of fees you must include with this application (check the appropriate box(es), then total the separate amounts that you must pay):

\$10 Application fee \$50 General Exam Fee \$50 Vector Control Exam Fee \$50 Rodent Control

Exam Fee = \$ _____

B. Upon review and acceptance of your application, you will be sent a letter that can be used to gain entrance into any of our examination stations. **We will notify you by letter of your test results within 14 days of receipt of your test.** Upon passing the general exam and the categorical examination(s) taken, we will bill you \$125 for each of the categorical licenses (if applicable). Your license certification documents will be mailed to you after our receipt of the category license fee(s).

C. In making application, I agree to abide by the Texas Department of Health's Rules concerning the licensure of governmentally employed noncommercial pesticide applicators involved in health-related pest control. I also agree to complete all application requirements and take all examinations necessary for the processing of my application. Upon issuance of a license, I further agree to be bound by the rules for license recertification. I also understand that if issued a license, upon revocation or suspension of that license, I shall return the license certificate and identification card to the Department. I understand the fees submitted with this application are non-refundable unless the processing time is exceeded without good cause as set in the rules. All fees must be made payable to the **Texas Department of Health** and should be in the form of a certified check or money order. Checks from political subdivisions of the state are acceptable.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the denial of the application, the denial of the license, or the revocation of any licensed issued.

Applicant's Signature : _____ **Date :** _____